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September 10, 2015

VIA UPS

Federal Election Commission 999 E Street, N.W. Washington, DC 20463

RE: Good Jobs and Strong Communities PAC

To Whom It May Concern:

Please find enclosed for filing the initial Form 1 and Independent Expenditure letter for the above captioned entity. If possible, please return a time-stamped copy in the envelope provided. If you have any questions or need any further, please do not hesitate to contact me.

Sincerely,

Cathrine J. Harshman



Good Jobs and Strong Communities PAC New Registration September 10, 2015

Federal Election Commission 999 E Street, N.W. Washington, DC 20463

RE: Form 1, Statement of Organization- Unlimited Contributions

To Whom It May Concern:

This committee intends to make independent expenditures, and consistent with the U.S. Court of Appeals for the District of Columbia Circuit decision in SpeechNow v. FEC, it therefore intends to raise funds in unlimited amounts. This committee will not use those funds to make contributions, whether direct, in-kind, or via coordinated communications, to federal candidates and committees.

Respectfully submitted,

Terence Brennan, Treasurer

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RECEIVED FEC MAIL CENTER

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FEC FORM 1		STATEME ORGANIZ	-	- -		Offico Use Only	
1. NAME OF COMMITTEE (in	ı full)	(Check II name is changed)		mple:II typing, type the lines.	12FE4M5		
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2. DATE OS	10	2015					
3. FEC IDENTIFIC	CATION NU	IMBER C					
4. IS THIS STATE	MENT X	NEW (N) OR		AMENDED (A)		-	
I certify that I have. Type or Print Name		is Statement and to the b		_	it is true, corrac	and complete.	
Signature of Treasur	er	The			Date: 0	1 10	4015
NOTE: Submission of		ous, or incomplete informal ANY CHANGE IN INFORM					2 U.S.C. §437g.
Office Use Only			-	For further information Federal Election Commiss Toll Free 800-424-9530		FEC FC	

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		m 1 (Rovisod 02/2009)	Page 2
5.	Candidate	Committee:	
	(a)	This committee is a principal campaign committee. (Complete the candidate information below	:)
	(0)	This committee is an authorized committee, and is NOT a principal campaign committee. (Con information below.)	mplete the candidate
	Name of Candidate	<u> </u>	
	Candidate Party Affiliation	Office Sought: House Senate President	State District
	(c)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate		
	Party Com		
	(d)	(National, State This committee is a or subordinate) committee of the	(Democratic, Republican, etc.) Party.
	Political A	ction Committee (PAC):	
	(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its co	nnected organization is a:
		Corporation Wo Capital Stock	Labor Organization
		Membership Organization Trade Association	Cooperative
		In addition, this committee is a Lobbyist/Registrant PAC.	
	(f) X	This committee supports/opposes more than one Federal candidate, and is NOT a separate s committee. (i.e., nenconnected committee)	ogrogated fund or party
		In addition, this committee is a Lebbyist/Registrant PAC.	
		In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
	Joint Fund	ralsing Representative:	
	(g)	This committee collects contributions, pays fundraising expenses and disburses not proceeds for the committees/organizations, at least one of which is an authorized committee of a federal candidate	
	(h)	This committee collects contributions, pays fundraising expenses and disburses not proceeds for to committees/organizations, none of which is an authorized committee of a federal candidate.	wo or more political
	Comi	nittees Participating in Joint Fundraiser	
	1.	FEC ID number C	
	2.	FEC ID number C	e e e e e e e e e e e e e e e e e e e
	3.	FEC ID number C	

FEC ID number C

FEC Form 1 (Revi	sed 02/2009)	Page 3
Write or Type Committee it		<u> </u>
Good Jobs an	d Strong Communities PAC	
	ed Organization, Affiliated Committee, Joint Fundralsing	Representative, or Leadership PAC Sponsor
Mailing Address		
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		1 1:1 1
	спу	STATE ZIP CODE
Relationship: Conn	ected Organization Affiliated Committee Joint Fundra	aising Representative Leadership PAC Spon
books and records.	Identify by name, address (phone number optional) and	position of the person in possession of commit
Full Name Ter	ence Brennan	<u> </u>
Mailing Address	P.O. Box 36403	<u> </u>
•	1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	Cincinnati	OH 45236 -
Title or Position	СПУ	STATE ZIP CODE
Treasurer/Cus	todian of Records Telephone	number [513,] - [381,] - [1172
. Treasurer: List the name any designated agent (o.	a and address (phone number optional) of the treasurer of .g., assistant treasurer).	of the committee; and the name and address of
Full Name of Treasurer	ence Brennan	<u> </u>
Mailing Address	P.Q. Box 36403	
	<u> </u>	
	<u>Cincinnati</u>	OH 45236
Title or Position	Cincinnați crry	OH 45236

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FEC Form 1 (R	Revised 02/2009)	Page 4
Full Name of Designated Agent		
Mailing Address	<u> </u>	<u> </u>
	<u> </u>	
	CITY STATE	ZIP CODE
Title or Position		
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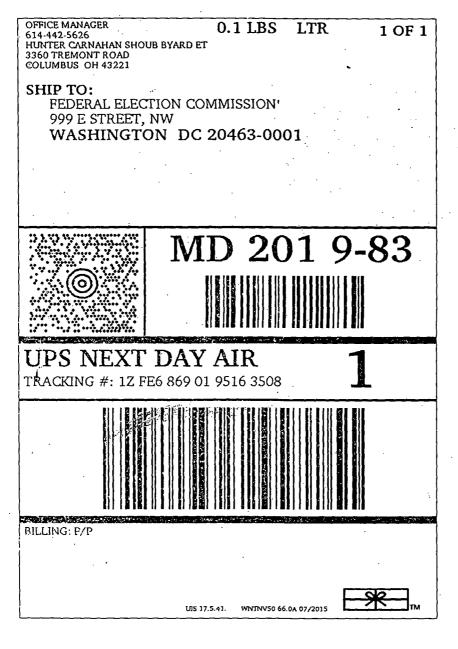
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PREPARER ////~ (3/2015) DATÉ PREPARED